



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
EMERGENCY OUTREACH BUREAU
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES**

**DMH CALWORKS BULLETIN No. 04-02
BILLING FOR CALWORKS SERVICES ON THE INTEGRATED SYSTEM**

December 15, 2004 (Revised 3-19-08)

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dennis Murata, District Chief
CalWORKs Program

SUBJECT: **BILLING FOR CalWORKs SERVICES ON THE INTEGRATED SYSTEM**

1. Purpose
2. Background
3. Integrated System
4. Clinical Functional Area:
5. Administrative Functional Area
6. Community Outreach Services
7. Frequently Asked Questions
8. Additional Information and Resources

1. PURPOSE

This Bulletin No. 04-02 highlights the procedures for billing CalWORKs mental health supportive services under the Integrated System(IS).

2. BACKGROUND

In 2003 the Los Angeles County Department of Mental Health (DMH), began developing a new system for tracking and billing services to its mental health clients to be in compliance with HIPAA. This new system, known as the Integrated System (IS) provides the HIPAA standard eligibility transaction for clients enrolled in DMH programs to receive DMH services. It is important to remember that although some changes will result from the Integrated System, most changes come from HIPAA, the State and other rules and requirements. In the case of eligibility determination, the Integrated System is merely the vehicle that will bring providers into line with business rules that already exist but may not have been stringently enforced until now. Effective October 8, 2004, all DMH directly operated clinics and contracted agencies will be required to utilize the IS.

3. INTEGRATED SYSTEM

There are two basic steps in the IS: entering a service and submitting a claim. There are also two sides in the IS: a Clinical functional area and an Administrative functional area. Services are entered on the Clinical side, but they will not be reimbursed unless they are submitted to the Administrative side. The Administrative side requires the data to be sent to DMH and other payers for payment. The areas that are available and displayed on each staff person's computer will depend on his/her job responsibilities. Consequently, some staff will be limited to only one functional area.

Entering data is done by navigating to fields and entering or selecting the appropriate data. Drop down lists are provided to speed data entry when there is a defined or limited range of data options for that field. Most of the instructions in this Bulletin are for drop down lists. A drop down list contains the items you must choose from for the particular field. You cannot type into a field that uses a drop down or search list. You must choose one of the items provided. General keyboarding tips to speed up data entry: use tab key to cycle through the forms; use shift-tab to cycle through in reverse.

Providers should follow the IS instructions for entering services and submitting claims. This Bulletin identifies specific choices for CalWORKs clients. The chart on the following page identifies critical points where data must be entered in order to correctly claim services for CalWORKs clients.

Agency/ Clinic Functions	IS Action Steps	Critical Points/Helpful Hints
Pre-Enrollment		
Initial telephone contact. Community Outreach Services activity	Client search and print screen	<p><u>Critical Point:</u></p> <ul style="list-style-type: none"> For DMH directly operated clinics, if case is not opened, claim MAA. <p><u>Helpful Hint:</u></p> <ul style="list-style-type: none"> After COS activity, and client search is conducted and case is not opened, claim COS if appropriate.
Enrollment of New Client: Client Unknown to DMH		
<p>Face to face contact.</p> <p>Support staff determines whether the client is known to DMH.</p> <p>Clinical staff interview client. Determine that client is enrolled in GAIN (GAIN is the Welfare-to-Work program in CalWORKs; services may not be billed to CalWORKs unless the client has a mental health component open in GAIN).</p> <p>Conduct intake and assessment.</p>	<p>Search client – Client not found</p> <ul style="list-style-type: none"> Add client Check eligibility Assign to CalWORKs plan (system assigns IS client ID #) Open episode 	<p><u>Critical Point:</u></p> <ul style="list-style-type: none"> All clients must be assigned to the CalWORKs plan at this step. Failure to assign a client to a plan will prohibit continuing. Enter “Cal Works” in the Plan Tab. Make sure the Effective Date is correct. Do not bill Medi-Cal if you are claiming against the CalWORKs plan. Update plan if CalWORKs eligibility changes. (Updates are performed on the Administrative functional area, not Clinical and at the claim line level. However, this level may change in the future). <p><u>Helpful Hints:</u></p> <ul style="list-style-type: none"> Check that client has proper GAIN paperwork, i.e., GN 6006B. Submit PA1923 and confirm eligibility from GAIN if client does not have GN 6006B. The GN 6149 form should be received within five days.

Agency/ Clinic Functions	IS Action Steps	Critical Points/Helpful Hints
Enrollment: Client Known to DMH – No Open Episode with Provider		
<p>Face to face contact.</p> <p>Support staff determines whether the client is known to DMH.</p> <p>Clinical staff interview client. Determine that client is enrolled in GAIN. Conduct intake and assessment.</p>	<p>Search client – Client found, no open episode within provider.</p> <ul style="list-style-type: none"> • Update IS as needed • Check eligibility • Assign to CalWORKs plan • Open episode 	<p><u>Critical Point:</u></p> <ul style="list-style-type: none"> • Follow existing procedures for change of SFPR. • Client must be assigned to the CalWORKs plan at this step. • Make sure the Effective Date is correct. • Do not bill Medi-Cal if you are claiming against the CalWORKs plan. • Update plan if CalWORKs eligibility changes. (Updates are performed on the Administrative functional area, not Clinical). On the Client Tab click on the green check in the “D” column. • Click on Update Enrollment to change plans. • Go back to Clinical and re-submit the Eligibility Check. <p><u>Helpful Hints:</u></p> <ul style="list-style-type: none"> • Check that client has proper GAIN paperwork, i.e., GN 6006B. • Submit PA1923 and confirm eligibility from GAIN if client does not have GN 6006B. The GN 6149 form should be sent by DPSS within 10 days.

Agency/ Clinic Functions	IS Action Steps	Critical Points/Helpful Hints
Currently Enrolled Clients: Signing Ongoing Clients into CalWORKs		
<p>Face to face contact – Known client with provider</p> <p>Support staff review and update Client Information, Financial, Contacts, and DMH plan. Conduct annual UMDAP if due.</p> <p>Clinical staff conducts ongoing assessment of client status. Complete change of diagnosis form if appropriate.</p> <p>Determine that client is enrolled in GAIN.</p>	<p>Search client – Client found, has open episode within provider</p> <ul style="list-style-type: none"> Update client tab, financial tab and contact tab Open episode, click admin side, claim tab, payer tab, confirm plan Enter date of coordination plan, service plan. 	<p>Critical Point:</p> <ul style="list-style-type: none"> Client must be enrolled in the CalWORKs plan at this step. Do not bill Medi-Cal if you are claiming against the CalWORKs plan. Update plan if CalWORKs eligibility changes. (Updates are performed on the Administrative functional area, not Clinical). On the Client Tab click on the green check in the “D” column. Click on Update Enrollment to change plans. Go back to Clinical and re-submit the Eligibility Check
Disenrolling a CalWORKs Client: Client Receiving No Services With Provider		
<p>Determine that client is terminated from GAIN, that client no longer qualifies for services, or that client is no longer attending treatment services.</p> <p>AND</p> <p>Determine that client does not qualify for SSI, DMH Medical Necessity requirements, or any other DMH funding source.</p>	<ul style="list-style-type: none"> Check that all CalWORKs services in the episode have been sent to the Administrative Workspace. Check that all CalWORKs claims have been successfully sent to the payer. Close Episode. 	<p>Critical Point:</p> <ul style="list-style-type: none"> Episode for CalWORKs client must be closed. Discharge date must be date when GN6007B Enrollment Termination Notice is received from GAIN.

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Agency/ Clinic Functions	IS Action Steps	Critical Points/Helpful Hints
Community Outreach Services		
<p>COS services that are mental health promotion or client community services.</p> <p>Staff must complete the "Community Outreach Services and Case Management Support" (form 76C536 MH 227) for each service.</p>	<p>In the "Add Community Service" screen enter the appropriate information.</p> <ul style="list-style-type: none"> In the Program Area, select Welfare to Work. In the Funding Source, select Department of Public Social Services – CalWORKs. COS Service Codes are either: <ul style="list-style-type: none"> - 200 – Mental Health Promotion, or - 231 – Client Community Services 	<p>Critical Point:</p> <ul style="list-style-type: none"> COS is billed in increments of 15 minutes. Duration should be entered as 1 = 15 minutes. A 60-minute service is entered in the Duration box as 4.

4. **CLINICAL FUNCTIONAL AREA**

A. **Adding A New CalWORKs Client**

When a new client arrives at a provider agency, staff should search for the client in the IS to make [sure](#) the client has not been previously entered. This is done to avoid adding the same client to the IS multiple times. If a client does not exist in the IS, then the new client must be entered using the Clinical function area – "Add Client " screens. Under the "Financial" tab, the provider must enter any reported benefits from the client. Staff can also remove these benefits as they become inactive or no longer appropriate.

Do not bill Medi-Cal if claiming against the CalWORKs plan. However, the Medi-Cal box on the payer tab should remain checked, if CalWORKs is listed as one of the plans that you want the claim to be paid from.

- > Under "Employment" Tab, enter "CW" for CalWORKs.
- > Under "Source of Income" Tab, enter "Other Public Assistance."
- > All clients must have a valid social security number in order to be receiving CalWORKs. Verify the client's SSN as soon as possible if he/she does not have one at intake.

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

Address: https://testdmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

HARBOR/UCLA-LE : 1962-LAC HARBOR UCLA : 1962S-LAC HARBOR UCL : HINDS-0436923 | Suzanne Azariah

Add Client

Client: , (not enrolled) -

Options	Identification	Contacts	Financial	Other
Return	Name Last: Bull First: Winkle Middle:			
Change Provider	AKA Last:	First:	Middle:	
Enroll Client	SSN: 999999999 MM Name: LOC: I - Stable/Maint			
Check Eligibility	Gender: Male DOB: 10/20/1953 Age: 51			
View Episodes	Primary Lang: 01-English Pref Lang: 01-English			
Daily Log	Marital Status: 01-Single Education: 12-Twelfth Grade			
Find Client	Ethnicity: 01-White			
Workspace	Employment: CW-CalWORKS (Welfare to Work)			
	Handicap:			
	Living Arrngmnt: 01-Lives alone in house or apartment			
	Conservatorship:			Veteran: No
	English Speaking: <input checked="" type="checkbox"/>			
	<input type="button" value="Cancel"/> <input type="button" value="Continue"/>			

Confidential patient information, see California Welfare and Institution Code section 5328.

DMHISP | Clinical | Client | Benefits - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: https://testdmhisintra.co.la.ca.us/ClinicalWeb/ClientBenefits.aspx

Search X

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

HARBOR/UCLA-LE : 1962-LAC HARBOR UCLA : 1962S-LAC HARBOR UCL : HINDS-0436923 | Suzanne Azariah

Add Client Client: Bull, Winkle(not enrolled) ?

Options

- Return
- Change Provider
- Enroll Client
- Check Eligibility
- View Episodes
- Daily Log
- Find Client
- Workspace

Identification **Contacts** **Financial** **Other**

UMDAP Date: 10/01/2004 Source of Income: Other Public Assist.

Service Location: # of Dependents: Disability Insurance

Family Income (\$): Annual Liability (\$): Inkind Care

Client Reported Benefits

Type	Description	ID Num
1		

Cancel Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

Last Updated

Done

Internet

Start | Inbox - Microsoft Outlook | DMHISP | Clinical | Cl... | 04-02 -- 15 Instructions ->... | 4:27 PM

For new clients, an eligibility check will start automatically when you attempt to enroll them.

The screenshot shows a web browser window titled "Eligibility - Microsoft Internet Explorer". The address bar displays "https://testdmhisintra.co.la.ca.us/AdministrativeWeb/EligibilityBasic.aspx". The page header includes the "Los Angeles COUNTY" logo and "DEPARTMENT OF MENTAL HEALTH". Below this, a red banner contains the text "L.A. COUNTY DMH-LE : 1917-ARCADIA MH : 1917A-ARCADIA MHS - : SHIH-0200742 | Suzanne Azariah". The main heading is "Eligibility" with a red question mark icon. The form is divided into three tabs: "Basic Eligibility", "Other Insurance", and "Services". The "Basic Eligibility" tab is active and contains the following fields: First Name (Bull), Middle Name (Winkle), Last Name (Moose), Address (123 main street), Address 2, City (los angeles), State (California), ZIP (90020), DMHID, Gender (MALE), Date of Service (10/05/2004), Date of Birth (10/05/1953), Medicare ID, Social Security Number (943-45-3333), Medi-Cal CIN, Medi-Cal RIN, Medi-Cal Card Issue Date, and Medi-Cal Provider PIN. A "Submit" button is located at the bottom right of the form. Below the form is a "Provide Feedback" link. A footer note states: "Confidential patient information, see California Welfare and Institution Code section 5328." The Windows taskbar at the bottom shows several open applications: Start, Inbox - Microsoft Outlook, ISClickbyClick4.1 - Micro..., 04-02 - IS Instructions..., DMHISP | Clinical | Clen..., Eligibility - Microsoft..., and Internet. The system clock shows 2:29 PM.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH
L.A. COUNTY DMH-LE : 1917-ARCADIA MH : 1917A-ARCADIA MHS - : SHIH-0200742 | Suzanne Azariah

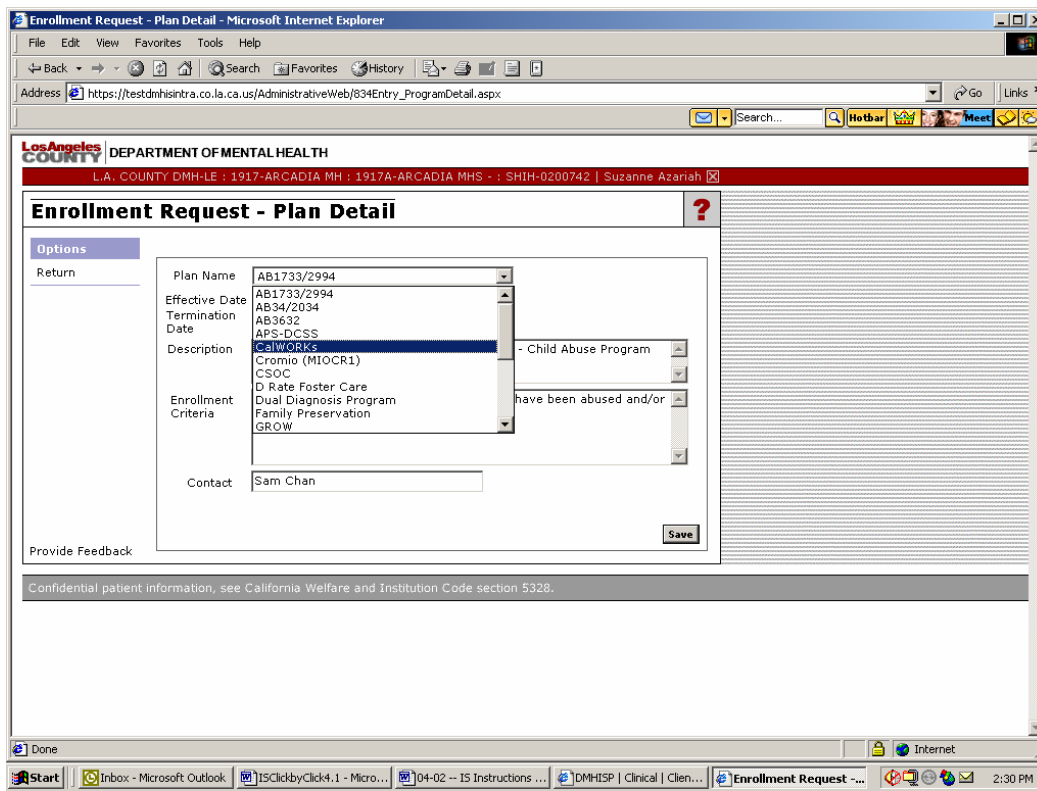
Eligibility ?

Basic Eligibility		Other Insurance		Services	
First Name	Bull	DMHID			
Middle Name	Winkle	Gender	MALE		
Last Name	Moose	Date of Service	10/05/2004		
Address	123 main street	Date of Birth	10/05/1953		
Address 2					
City	los angeles				
State	California	ZIP	90020		
Medicare ID		Social Security Number	943-45-3333		
Medi-Cal CIN		Medi-Cal RIN			
Medi-Cal Card Issue Date		Medi-Cal Provider PIN			

[Submit](#)

[Provide Feedback](#)

Confidential patient information, see California Welfare and Institution Code section 5328.



B. Enrolling a CalWORKs Client Into the CalWORKs Plan

In order for DMH to get paid for providing services to a CalWORKs participant, the client must be enrolled in CalWORKs. The DMH plans are associated with payers that may pay for all or a portion of the client's mental health services. Clients must meet criteria for each plan. A client can be enrolled in as many plans as needed.. For new CalWORKs clients, providers must use the drop down menu to enroll the client in the CalWORKs Plan.

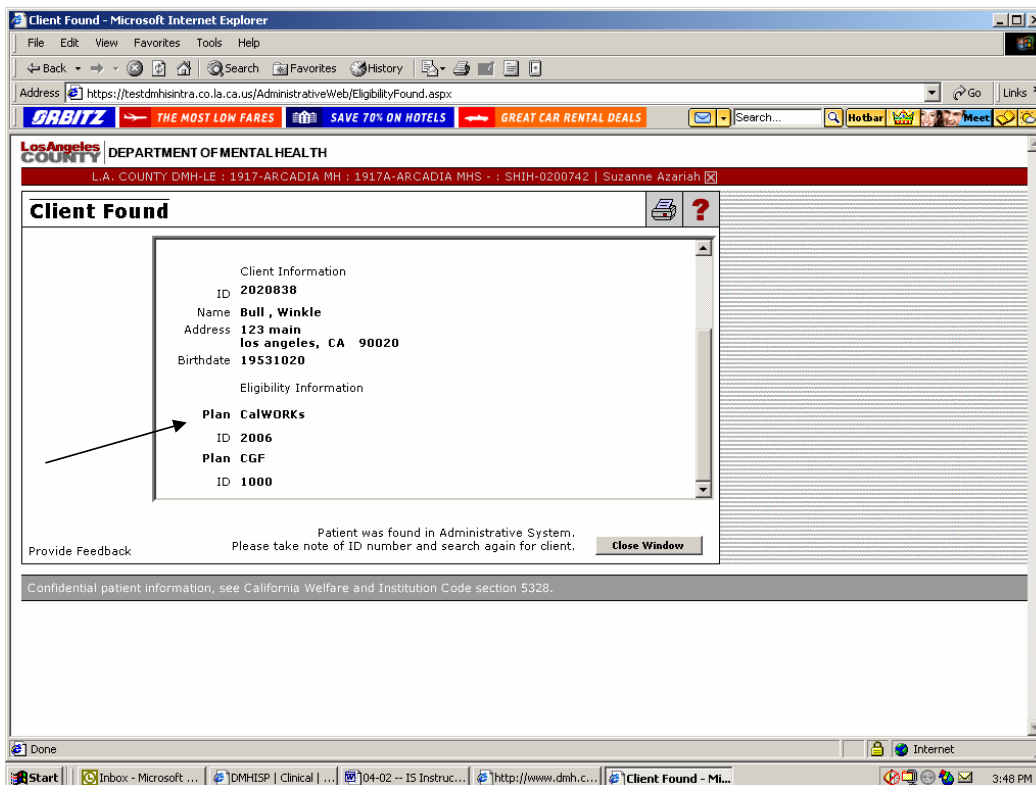
- > In the "Enrollment Request" screen, select the "Plan" tab to add the CalWORKs Plan. DMH managed plans are available from the drop down list in the "Plan Name" field. Click on the + to display the "Enrollment Request – Plan Detail" screen. Select "Cal/Works" as the client's plan. Key the correct Effective Date.

In the process of enrolling the client into a DMH plan, the client will be added to the MHMIS system. The provider will receive an MHMIS (DMH ID) number for this client that will be used as a basis for ongoing clinical and claim information.

For new clients, an Eligibility check will start automatically when you attempt to enroll them. The IS requires that an eligibility check be conducted each month per client, per rendering provider, otherwise services cannot be billed.

C. Opening Episodes And Services

- > A client must be enrolled in the IS before any episodes can be opened and a CalWORKs client must have an open episode. Verify that the client is enrolled in the CalWORKs plan during the eligibility check. The Eligibility Response Screen lists the plans the client is enrolled in.



- > Go to the "Outpatient Episode" screen to enter the required CalWORKs information.
- > In the "Referral In Code" Tab, Outpatient Episode" Screen, use the drop down screen to enter the referral source. It is no longer necessary to use "75" (CalWORKs) as the sole referral in code. Providers should use the appropriate referral in code. If the referral is from GAIN or CASC, then the referral in code of "75" (CalWORKs) should be used. It is important to enter the appropriate referral out code so that CalWORKs can track the outcomes of CalWORKs participants in the DMH system.

DMHISP | Clinical | Closed Outpatient Episode | Admission - Microsoft Internet Explorer

Address: https://testdmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeAdmission.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

L.A. COUNTY DMH-LE : 1917-ARCADIA MH : 1917A-ARCADIA MHS - : SHIH-0200742 | Suzanne Azariah

Open Outpatient Episode

Client: Bull, Winkle(2020838) - 1962-LAC HARBOR UCLA

Options **Admission** **Diagnosis**

Return

Admit Date: 10/01/2004 Physical Disability? No

Intent Of Service: Assessment Services Developmentally Disabled? No

Referral In Code: CalWORKs

Referral In Rpt Unit:

Dual Diagnosis:

Primary Problem Area: Mentally ill

Legal Status: Voluntary 72-hr MD inebriate

Treatment Authorization for Minor:

Patient File #:

Primary Contact: SHIH, CHING

Service Plan Due Date: Coord Due Date:

Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

Done Internet

Start Inbox - Microsoft Outlook DMHISP | Clinical | CL... 04-02 -- IS Instructions -... http://www.dmh.co.la.c... 3:44 PM

D. Disenrolling CalWORKs Clients

A CalWORKs client must be disenrolled from the CalWORKs plan if any of the following occur:

- Client has timed-out from CalWORKs (reached the 5-year time limit) AND has reached the one-year time limit for post-time limited services.
- DPSS/GAIN notifies the provider via the Termination Notice GN 6007 that the client is no longer eligible for services. (Provider should contact the GSW to confirm that the client is no longer eligible).
- Client is now enrolled in SSI (change in benefit plan is required).
- Provider terminates CalWORKs services to a client and is providing services billable to Medi-Cal or another payer source.
- Provider terminates all services to CalWORKs client.
- Client terminates services.

- > From the Administrative functional area, select the Client tab. Click on the green check mark.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical **Administrative** Plan C108

L.A. COUNTY DMH-LE : 1917-ARCADIA MH : 1917A-ARCADIA MHS - : SHIH-0200742 | Suzanne Azariah

Work Space

Options

- Change Provider
- Check Eligibility

Filter By:

Last Name

For:

bull

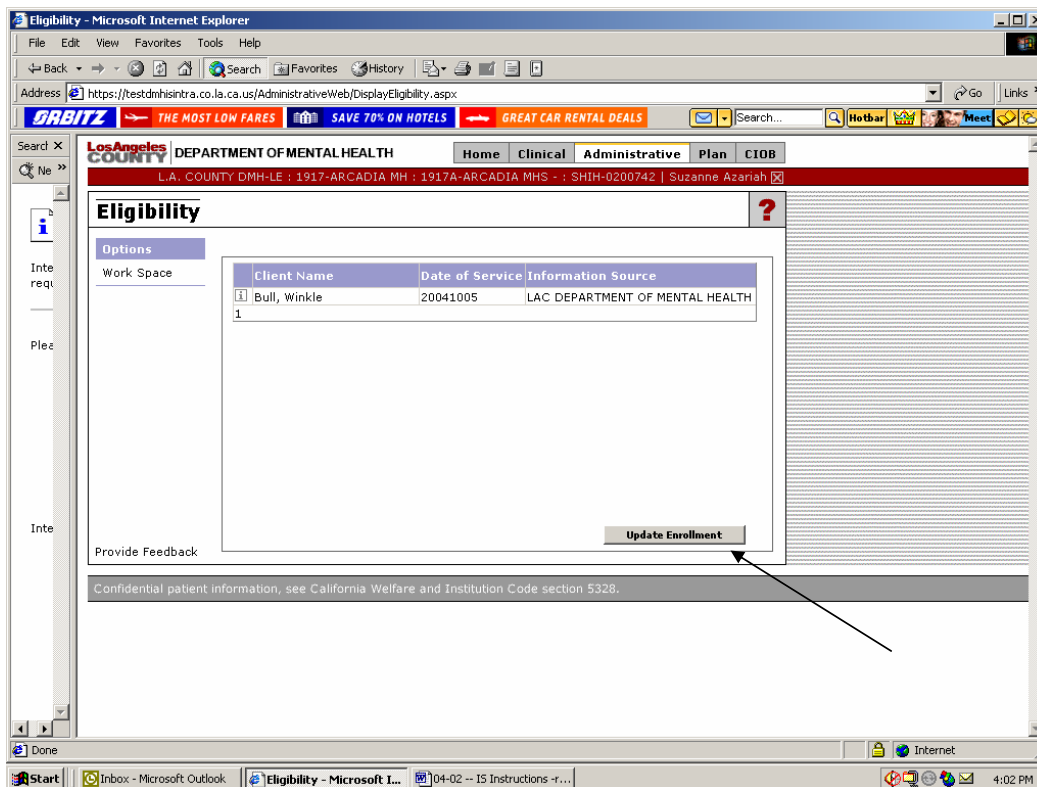
(All)

Apply

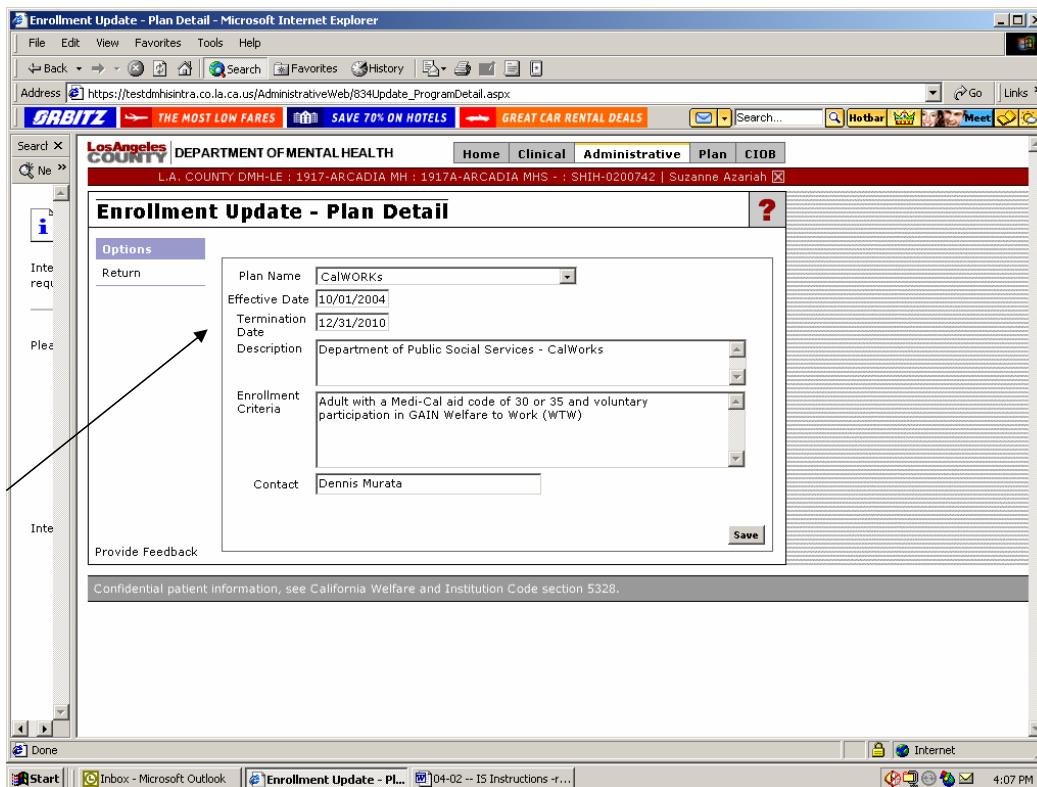
Provide Feedback

D	M	Client	Provider	Date of Service
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bull, Winkle	SHIH, CHING	10/21/2004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bull, Winkle	SHIH, CHING	10/21/2004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bull, Winkle	SHIH, CHING	10/05/2004

Confidential patient information, see California Welfare and Institution Code section 5328.



- > Click on Update Enrollment.
- > Click on the Pencil Icon next to the CalWORKs plan.
- > Key the Termination Date and click on Save.
- > Add the new Plan – if the client still requires services and is eligible for Medi-Cal and qualifies under Medical Necessity, is receiving SSI, or qualifies for another DMH funding source, then he/she can continue to receive DMH services. Claims will be billed to the new funding source and not to CalWORKs as long as the client is disenrolled from the CalWORKs Plan.
- > Follow the steps to complete the enrollment update.
- > Return to the Clinical functional area and do another eligibility check.



E. Closing Episodes for CalWORKs Clients

In addition to disenrolling, the provider must also close an episode for a CalWORKs client if any of the following occur:

- Client has timed-out from CalWORKs (reached the 5-year time limit) AND has reached the one-year time limit for post-time limited services.
- DPSS/GAIN notifies the provider via the Termination Notice GN 6007B that the client is no longer eligible for services. (Provider should contact the GSW to confirm that the client is no longer eligible).
- Provider terminates services to CalWORKs client. (Provider must notify GAIN via the GN 6007B, [CalWORKs Supportive Services Enrollment Termination Notice](#).)
- Client terminates services. (Provider must notify GAIN via the GN 6007B, [CalWORKs Supportive Services Enrollment Termination Notice](#).)

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Under the “Outpatient Episode” screen, click on the “Close Episode” button and input data.

- > Enter the Discharge Date. This date must be the same as the last date of service. For CalWORKs clients, the last date of service is a maximum of 30 days after the date when the provider receives the GN6011, Termination/STOP Notice from GAIN. No services can be provided under CalWORKs more than 30 days after receipt of this notice.

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- > Under “Referral Out Code”, be sure to enter the appropriate code. Use “CalWORKs” if the client is still receiving CalWORKs cash aid and is no receiving mental health services.

- > If services were terminated for the following reasons, use these codes:
 - Client timed out (reached 5-year time-limit) = 95 (Other)
 - Notice of Termination from DPSS/GAIN = 67 (DPSS) or 75

5. ADMINISTRATIVE FUNCTIONAL AREA

A. Submitting Claims

When submitting a claim for services to a CalWORKs client, it is important to verify that the participant is in fact enrolled in the CalWORKs plan. Claims ready for submission are passed from the clinical functional area to the Administrative functional area after a service has been rendered and an eligibility check performed.

- > In the Administrative function area, "Outpatient Claim" screen, **be sure to leave the checkmark in the Medi-Cal box.** Before April 20, 2005, it was necessary to unclick the checkmark in the Medi-Cal box, but now you must leave it checked in order to avoid problems processing your claim.

Services Claim - Outpatient - Payer - Microsoft Internet Explorer

Address: https://testdmhsintra.co.la.ca.us/AdministrativeWeb/PayerEntry.aspx

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

L.A. COUNTY DMH-LE : 1917-ARCADIA MH : 1917A-ARCADIA MHS : SHIH-0200742 | Suzanne Azariah

Client: Bull, Winkle - 2020838

Outpatient Claim

Options Work Space

Services Payer Client Provider Advanced

Los Angeles County Department of Mental Health

Plan	Description	Authorization
CalWORKs-01		
CGF-02		

1

☐ Medicare Amt Pd 0.00 ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount

1

Continue

Provide Feedback

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Make sure Medi-Cal box remains checked.

IMPORTANT

As of April 20, 2005 it is no longer necessary to unclick the checkmark in the Medi-Cal box.

6. COMMUNITY OUTREACH SERVICES

Under the Clinical functional area, select “Add Comm Svc” to bill for CalWORKs Community Outreach Services (COS).

DMHISP | Clinical | Daily Log - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://testdmhisintra.co.la.ca.us/ClinicalWeb/DailyLog.aspx>

SRBITZ THE MOST LOW FARES SAVE 70% ON HOTELS GREAT CAR RENTAL DEALS

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan C10B

L.A. COUNTY DMH-LE : 1935-SOUTH BAY MHS : 1935B-SOUTH BAY MHS : DUNN-0206250 | Suzanne Azariah

Daily Log Client: ABYAD, CHARYL (1486889) - 1935-SOUTH BAY MHS Selected Date: 12/10/2004

Options

- Return
- Change Provider
- Add Comm Svc
- Find Client
- Workspace

Client ID	Client Name	Service Location	Procedure Code	Time in Minutes	No. of Staff	£
1						

December 2004

Sun Mon Tue Wed Thu Fri Sat

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Confidential patient information, see California Welfare and Institution Code section 5328.

Start | Inbox - Microsoft Outlook | 04-02 -- IS Instructions -... | DMHISP | Clinical | D... | DMHISP | Clinical | Add C... | <https://dmhisintra.co.la...> | Internet | 2:37 PM

The blanks should be filled in according to the DMH “Community Outreach Services” form (COS Form v1) that has been completed by staff. (The previous version of the COS form was referred to as the “Goldenrod.”)

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Deleted:

Deleted: form 76C536 MH 227

Deleted: ,

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Deleted: ,

Deleted: that have been completed by staff.

DMHISP | Clinical | Add Community Service - Microsoft Internet Explorer

Address: <https://testdmhisintra.co.la.ca.us/ClinicalWeb/CommunityServiceEntry.aspx>

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

L.A. COUNTY DMH-LE : 1935-SOUTH BAY MHS : 1935B-SOUTH BAY MHS : DUNN-0206250 | Suzanne Azariah

Add Community Service

Options | Date of Service: 12/10/2004 | Provider: DUNN, RICHARD

Return | Service Recipient Type: CalWORKs | # of People Contacted: 5

Service Location Information: GAIN Job Club | Service Type Desc: th supportive services orientation

Primary Lang: 01-English | Ethnicity: 01-White

Program Area: Welfare to Work | Age Category: Unknown

Handicap: 99-Unknown | Duration (FMI): 4

Funding Source: Department of Public Social Services - CalWORKs

Service Code: 200 - Mental Health Promotion

Additional Participating Staff

Last Name: A-Z | I-O | R-Z

Name
1

Select a letter from above >>

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

- > Under *Program Area*, select [29](#) “Welfare to Work.”
- > Under *Funding Source*, select “Department of Public Social Services – CalWORKs.”
- > Under *Service Code*, select either 200–Mental Health Promotion or 231–Client Community Services.

The Service Location Information and Service Type Description require information to be typed in, according to the specific location and type of services provided. Be complete when filling in these two sections. Click SAVE when all data has been entered.

7. FREQUENTLY ASKED QUESTIONS FOR CALWORKS PROVIDERS

1. Will CalWORKs participants be placed in a “plan”?

Yes. For new clients there is a drop down menu that a user may select to add CalWORKs to the client’s enrolled Plans.

Deleted: <#>How will the IS track CalWORKs cases – those currently opened and any new cases?¶
Current CalWORKs clients in MHMIS will be converted into the IS. New CALWORKS clients may be assigned to CalWORKs in the IS by the clinician/support staff.¶

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2. What happens when a CalWORKs participant terminates services from the CalWORKs program?

The user should disenroll the CalWORKs participant from the CalWORKs plan.

3. How will a former CalWORKs participant be switched to Medi-Cal?

A user would disenroll a client from CalWORKs. Medi-Cal is not a Plan, but a benefit. If the client is eligible for Medi-Cal, then Medi-Cal would be billed (as long as he/she is disenrolled from CalWORKs).

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4. How will the system track CalWORKs funding to CPT Codes?

The client is tracked by their Plan, not the CPT code(s)

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5. If a client is opened by two different agencies, does the second agency keep the original cycle date? I know they keep the original UMDAP date, but does that pertain to the Coordination Plan and Services Plan?

If the client's case is still open at the original agency when the new episode is opened, the original cycle date goes with the client at the new agency. If there is no open episode at the time of admission then the new admit date becomes the cycle date.

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6. What is the difference between Client Benefits and Plans?

Client reported benefits are things such as Medi-Cal, Medicare, and other private insurance. A Plan is a LA county DMH managed funding source.

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7. Do I need to add an existing client to the system again if they change locations in the county and go to a different center to receive services?

No. Client information is available to all DMH locations. However, the new center must enter a new episode for the client at their location. You should also complete the transfer of coordinator paperwork and the SFPR should be changed.

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8. Can I review coordination plan dates and service plan dates to know when a plan needs to be renewed?

Service Plan and Coordination Due dates are set on the Outpatient Episode Admission screen. A report through the IS will also be available to track the renewal of service plans.

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9. Can I add a client to the IS without actually enrolling the client?

Yes, you can. A client added to the IS becomes a permanent record that can be retrieved by anyone with access to the IS. For example, if an individual made an appointment to come to a center and the intake staff took information about the individual in advance of the appointment, the individual and the information gathered

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would be added to the IS. If the individual failed to show up for their appointment and went to another center for services, the Intake staff at the second center would be able to locate the client record in the IS and continue gathering information.

The IS enables you to search the entire DMH database for both individuals who have been in contact with DMH, but not enrolled, and enrolled clients. Information about the individual is entered in the Add Client screen. This is the same screen you use to add clients that will be enrolled.

10. *Why should I check eligibility before enrolling a client?*

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Eligibility will indicate if the client already exists in the Administrative portion of the IS. Some providers, such as FFS, may not use the Clinical portion of the IS. Therefore, it is possible to have a client enrolled in DMH without finding a clinical record for them. This prevents a duplicate ID being created for the client. In addition, this process will confirm the client's eligibility for Medicare and Medi-Cal.

11. *If I enter the correct Clinical information, will my claim automatically go through?*

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There is a Clinical side and an Administrative side in the system. Services are entered on the Clinical side but they will not be reimbursed unless they are submitted to the Administrative side. The Administrative side requires the data to be sent to DMH and other payers for payment.

12. *If a client is enrolled in more than one plan, which plan will a claim be billed against and who makes this determination?*

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The client should only be enrolled in the CalWORKs Plan.

13. *If my agency is SFPR for a client and we discover that another provider has initiated services for the same client, whose responsibility is it to pursue coordination of services? I was trained that if the services we are providing are not approved by the SFPR (coordinator), that they are not reimbursable.*

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All services at contracted and directly operated clinics must be approved by the SFPR in order to be reimbursable. If another site decides to provide services and they wish to be reimbursed they need to request that their services be added to the SFPR's Coordination Plan. As the SFPR, if you know services are being provided that you believe are in the best interest of the client, you might explain this for the other site so they can get paid.

14. *Which Employment Status Code should I use for CalWORKs clients?*

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Providers should enter in "CALWORKS" as the employment status code.

16. *Which Referral In code should I use for CalWORKs clients? Previously we were instructed to use "75" for CalWORKs clients.*

It is no longer necessary to use "75". The Referral In and Referral Out codes should reflect the actual method that a client was referred in (e.g., walk-in, DPSS, etc.).

8. **ADDITIONAL INFORMATION AND OTHER RESOURCES**

Additional information is available at the DMH website, www.dmh.co.la.ca.us/hipaa. On the Website, information is available for Manuals and Online Training on the Training Page; HIPAA-Compliant I.S. Forms/Data Entry Forms on the Forms Page; Procedure Codes Manual under Transactions and Code Sets; Answers to Frequently Asked Questions on the FAQ Page; and Privacy Policies and Forms on the Privacy Page

For general questions regarding IS, contact the HIPAA Hotline at (213) 351-2823 or email [HipaaHotline@ co.la.ca.us](mailto:HipaaHotline@co.la.ca.us).

For questions regarding CalWORKs, contact the following:

Service Areas 1 & 7	Liz Duran	-- 213-738-4438
Service Area 2	Liz Gross	– 213-738-4253
Service Area 3	Susan Donner	– 213-738-2534
Service Area 4	Lonna Bennett	-- 213-738-3103
Service Area 5	Bing Lau	– 213-738-4976
Service Area 6	Sylvia Braswell	– 213-639-6771
Service Area 8	Ioma Hawkins	– 213-739-7339

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